

Pasychaitry Questions & Answers



لو لسه مبدائش psychiatry
او قرئت بس مش عارف تجاوب على السؤال ازاى

هنا د / احمد انصاري جزاه الله كل خير ☺

جمع اسئله من الامتحانات زي اللي اتقالت في محاضره قسم ال psychiatry

و متجاوبه بطريقه بسيطه mind maps و بخط اليد

عشان تشوف ان الكتابه بسيطه في الامتحان

لو مكنتش لسه بدات او مكسل تبدأ ممكن تبدأ بدول

٥ صفحات بس ☺

و هتلاقي درجات تقريبا مضمونه

ربنا يبارك وقتكم و بالتفوق يا رب ☺



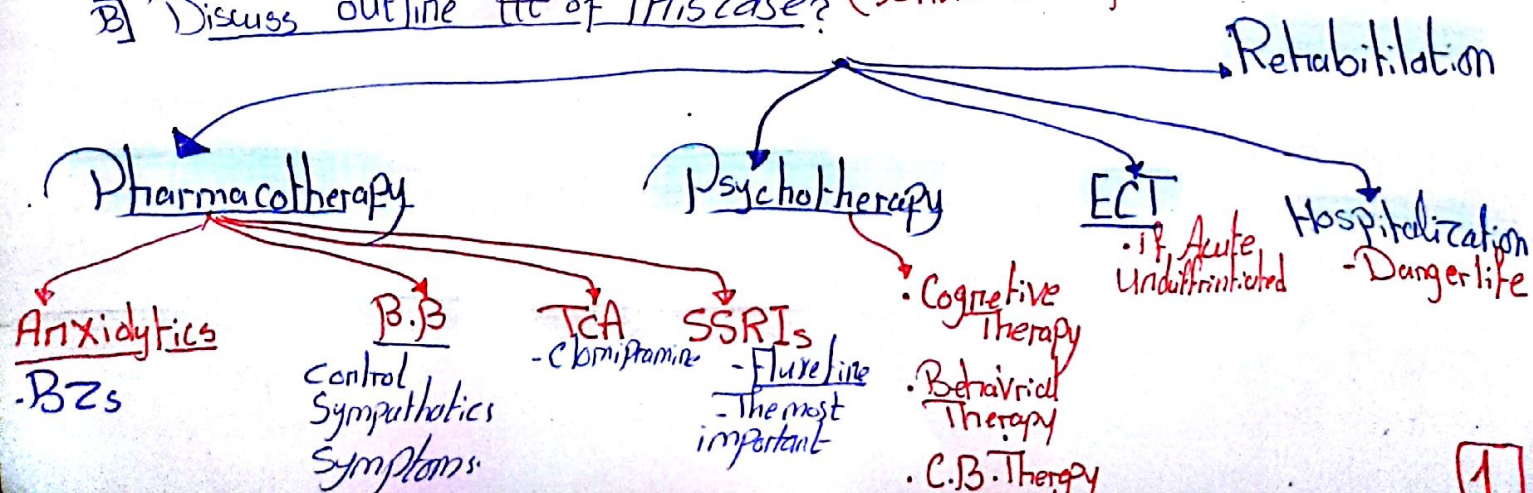
Q.1 Compare between Delirium & Dementia

	Delirium	Dementia
Definition	Acute Reversible global cortical dysfunction	Chronic Progressive Global cortical Dysfunction.
Age	Extrimities (children/old)	old age
onset	Acute	Insidious
Course	Reversible / with diurnal variation (Nocturnal)	Progressive → death 85%
causes	Remember causes of coma <u>Localized</u> - Trauma - vascular - infective - Post surgical <u>Generalized</u> - Metabolic - Toxic - infective - organ failure	- Degenerative • Alzheimer's - Wilson's - Demyelinating (DS) - Trauma - infection - Vascular - Chronic hypoxia, infection.
clinical Picture	- <u>DEL</u> - Visual Hallucinations - Memory loss (Recent) - Remember picture of Hepatic Porcema (Agitation) inverted sleep Rhythm	- <u>No DEL</u> - Memory loss (Remote) - Apathy - Aphasia - Agnosia - Finally, CNS function loss (Motor, Sensory & Autonomic) → death
ttt	- of cause + care of Comatose. - Supportive - Haloperidol, BZs. for agitation.	- of cause - Supportive - Anticholinesterase - Haloperidol

Q.2 A 22 Year old Female Secretary Presented to ER with Sudden onset of Restlessness, Palpitation, dizziness, Sense of Suffocation & tremors. Her ECG was normal. She also expressed the fear that she is dying now.

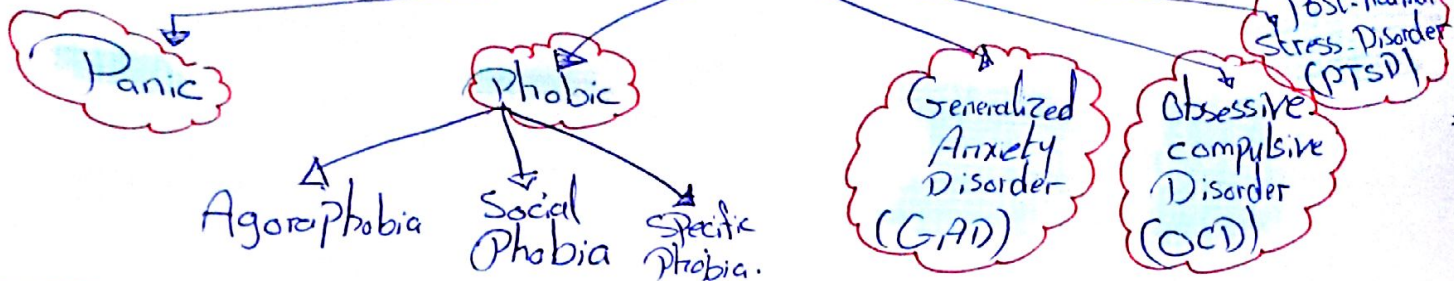
A) What is your diagnosis? Panic attack (Anxiety disorder)...

B) Discuss outline ttt of this case? (scheme for Any ttt in Psychiatry)



N.B.

Classification of Anxiety Disorders



N.B.

General manifestations of Any Anxiety

Physical

Somatic

- Tremors
- Headache
- Fatigue
- Muscle Pain
- Parasthesia

over activity of Autonomic

- Palpitation
- Flushing
- Dry mouth
- chest Pain
- diarrhea
- sweating

Psychological

- Fearful Anticipation
- Insomnia
- Restlessness
- Poor Concentration
- Over-vigilance

Q.3

Discuss c/p of Major depressive disorders & its treatment?

May be Case

c/p Picture

Type of Patient

- Female
- 20-40 Yrs
- divorced/widowed
- Low Socio-economic

Number of episode

- Single
- Recurrent

For diagnosis

- Depressed mood (Sadness, Hopeless)
- Anhedonia 2wks
- Morning worsening

others

- Insomnia
- Poor concentration
- Psychotic (Mood congruent w/ mood)
- ↑ Self-blame
- Social withdrawal
- Fatigue
- Pains
- Depersonalized
- Dereliction
- loss of appetite or feeding

Complication

- IHD
- Malignancy
- infection
- DM

Treatment

Pharmacotherapy

- TCA's**
 - clomipramine
 - For at least 6 wks
 - longer if chronic
 - add lithium & Anti Psychotic
- SSRI's**
 - fluoxetine
 - less SE

Psychotherapy

- Cognitive
- Behavior
- C.B.
- Family therapy

ECT

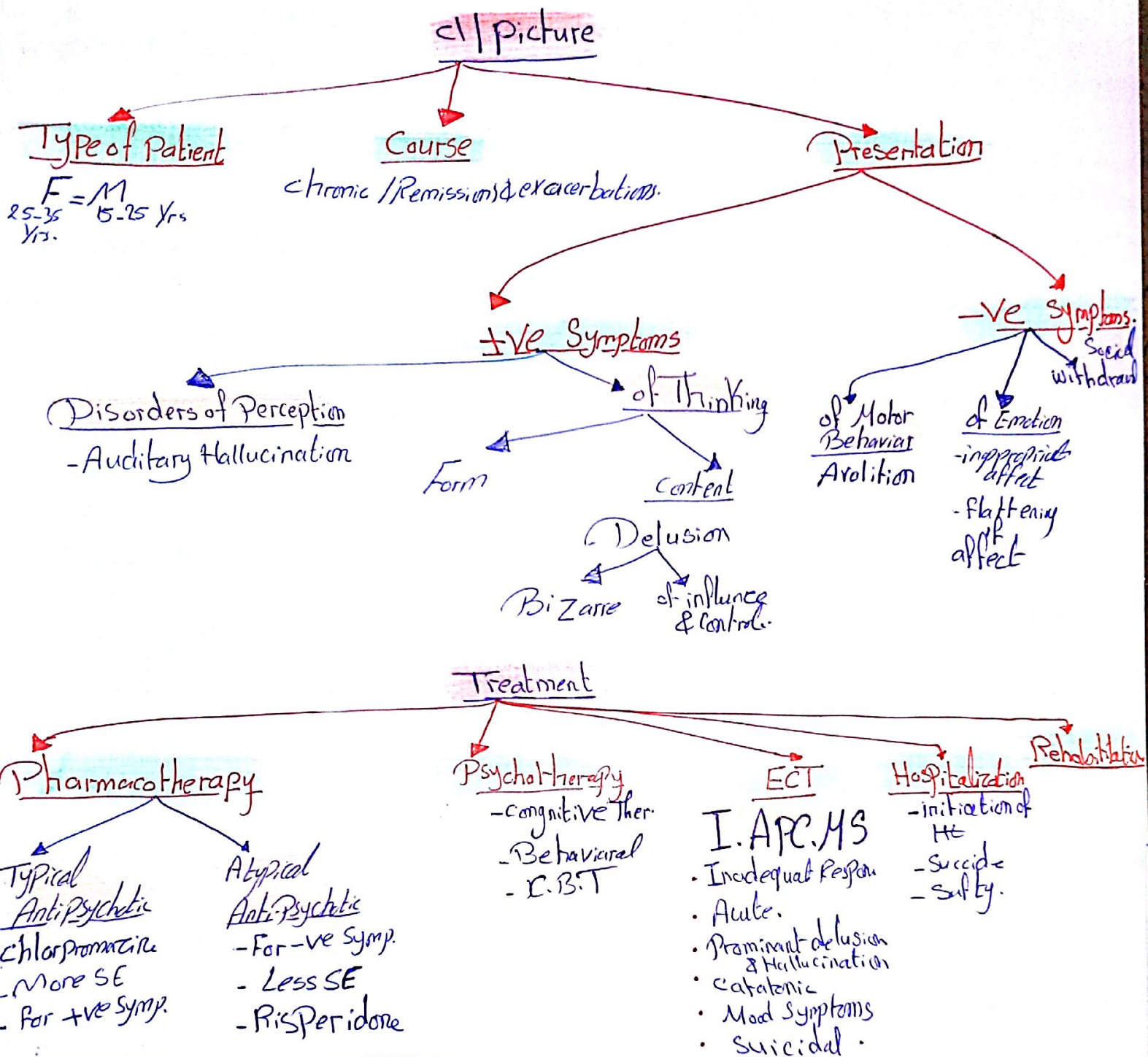
- Resistant
- contraindication for drugs
- suicidal
- Psychotic

Rehabilitation

Hospitalization

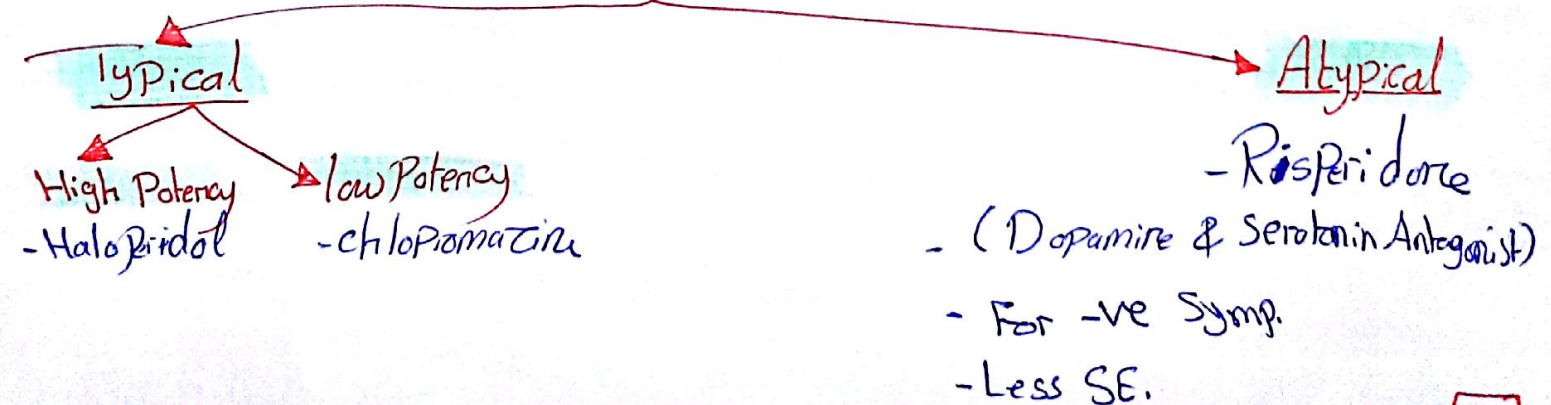
- suicidal
- Sever

Q. 4 Discuss clinical Picture / Treatment of Schizophrenia?



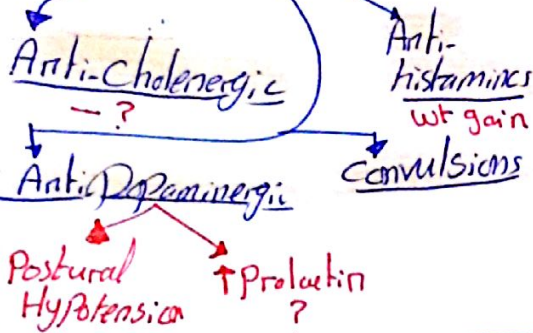
Q. 5 classify & Enumerate Side effects of Anti-psychotics?

classification



Side effects

Non-Neurological



Neurological

Emergency

- Neuroleptic Malignant \$
- AKathia.
- Acute dystonic Reaction.

Non-emergency

- Tardive dyskinesia
- Parkinsonism

Q.6 Discuss Neuroleptic malignant Syndrome?

V. important for Psych. Emergencies

- Aetiology** complication of typical Antipsychotic More with high Potency - High dose - Hot weather
- Picture**
 - Fever, Tachycardia, Muscle Rigidity.
 - DCL - Death $\rightarrow$ ARF $\rightarrow$ ANF
- Treatment**
 - Stop drug
 - Monitoring of vital signs
 - Direct muscle Relaxant (Dantrolene)
 - Bath & cold Fomentation
 - β -Blocker.
 - Dopamin agonist (Bromocriptine)

Q.7 classify & Enumerate Side effects of Anti-depressants?

classifications

TCA

- clomipramine
- Amitriptyllin.

SSRI_s

Fluoxetine

New

Venlafaxin

SE_s

TCA 3 Ant

- Anti cholinergic?
- Anti histamines?
- ↑ Manic attack.
- α_1 Blocker?
- Tachycardia
- Psychosis

- Seizures
- Delayed Ejaculation

SSRI_s

- GIT $\rightarrow$ N & V
- Sexual $\rightarrow$ Delayed Ejaculation
- Headache.
- Seizures.

Q.8 classify Mood stabilizer & Enumerate SEs of ore (Lithium)?

Lithium

SE of Lithium

- Hypokalemia (Heart & DI)
- Tremors
- Hypo/Hyper thyroidism

Anti-epileptic

- Valproate - carbamazepine.

New

Lamotrigine
Gabapentin

- Tetragenic
- Diarrhea
- Seizures
- Toxicity

Q.9 Discuss c/p/Picture / Treatment of Lithium intoxication? c/p/Picture

Early

- Ataxia
- Nausea
- Tremors
- Polyuria
- Diarrhea

Sever

- Ataxia
- convulsions
- Coma/delirium
- Renal failure

Cause of Death

- Cardiac → Arrhythmia
- Neurotoxicity
- Dehydration

Treatment

ABC

- Stop drug
- Vital signs
- Hydration (fluid)
- Renal function, ECG.

Monitoring

serum level of lithium

1st day then every month. 8-10 hrs after last dose.

Hemodialysis

if $>4 \text{ meq/L}$

Q.10 Enumerate Psychiatric Emergencies & discuss ttt/c/p/Picture of one of them? (choose NM\$ or lithium intoxication)?

Acute organic mental Disorder

- Drugs intoxication or withdrawal
- Delirium.

Suicide & Parasuicide

Complications

- ECT
- MI
- Fracture
- Transient Memory loss
- Apnea
- Abrasion

Drugs induced

- 3 of Anti Psychotic
- Lithium intoxication
- overdose of Bzs.

Violence & excitement

Q.11 Enumerate Associated Factors for Suicide (or) ttt of it? APO, MRS

Age

- Younger
- old more successful
- 15-44

Physical health

- chronic disease
- As
- Epilepsy
- cushing

Pain → Loss of work → immobility

Occupation

- loss of work
- ↑ in high socioeconomic

Marital

- Married < Single
- Divorced/widowed

Methods

- ♂ → Fire, hanging
- ♀ → drugs

Mental health

- Schizophrenia → 1st Year → delusion
- Major depression

Religion

- ↓ Muslims
- ↑ Catholics

Race

White ↑

Sex

- F > M
- M / more successful
- Previous Suicide

Treatment

Pharmacotherapy

Hospitalization

Psychotherapy

ECT

of cause

Hot line for calls in crises.